



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	20 June 2023
Centre ID:	OSV-0002481
Fieldwork ID:	MON-0031358

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Health Services Executive operates this centre. It provides full-time residential care and support to four adults with disabilities in a community-based house located in Co. Westmeath. The house is near a large local town and a number of villages. The house is staffed on a 24/7 basis by a person in charge and a team of staff nurses and health care assistants. Each resident has their own bedroom (some en suite). The communal facilities include a well-equipped kitchen/dining room, one large sitting room, a small TV room, a laundry facility and three communal bathrooms. There are very well maintained private gardens to the front and rear of the property with adequate private parking (and on-street parking) to the front of the house. Transport is provided so that residents can access a range of community-based amenities such as shops, shopping centres, restaurants and hotels.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 June 2023	09:45hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

At the time of the inspection, the service was catering to the needs of three residents. The inspector had the opportunity to interact with two of the three residents.

The residents appeared comfortable in their home and interacting with those supporting them. The inspector chatted with one resident and spoke about where they were from and the music they liked to listen to. The resident also expressed that they were happy in their home. The second resident who communicated nonverbally was observed relaxing in their sitting room and engaging in their preferred activities. The staff team supporting the resident were aware of their prompts and gestures and were observed supporting the resident in an appropriate manner.

The inspector observed the residents engaging in tasks in and outside their home. Some residents had medical appointments in the morning, and others attended a ceremony receiving a certificate for a piece of the work they had completed.

Through the review of records and discussion with residents and staff, the inspector found that the residents were supported to be active members of their community. Some residents had joined groups and attended fitness classes, art projects and equestrian centres. Despite their increased age, the residents were supported to live as active lives as possible, and they appeared to be enjoying this.

Residents had been supported to identify things they would like to achieve, and there was evidence of them being supported to do so; for example, a resident had recently attended a concert, and another had gone to a car show.

The inspector observed the staff team interact with the residents warmly and considerately and they were seen to respect the residents' decisions. There was evidence throughout the review of information of residents being supported to make decisions and examples of their choices being respected. The inspector also noted that the staff team were in the process of completing a number of modules on a rights-based approach to care.

The residents' home was homely, and there were pictures of residents and their loved ones throughout. There was adequate space for residents to take time away, and their bedrooms had been personalised to their preferred tastes. The inspector found that some aspects of the residents' home required modifications and repairs. The impact of this will be covered in the quality and safety section of the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being

delivered.

Capacity and capability

The inspector found that there were effective management systems in place. The management team was led by a person in charge who was supported by a staff team comprising nurses and healthcare assistants.

There was a schedule of audits in place, which the person in charge completed, the inspector reviewed the audits and identified that, effective monitoring systems had been developed. The audits recognised areas which required improvement, actions arose from these audits, and there was evidence of the actions being addressed.

The provider had completed an assessment of the safety and quality of care provided to residents as per the regulations. The provider also completed an annual review focusing on the service provided to residents. Actions had arisen following these and again there was evidence of the activities being addressed.

An appraisal of current and previous staffing rosters showed a consistent staff team supporting the residents. The review of rosters also identified that safe staffing levels were maintained. The provider and person in charge had also ensured that staff members' information, as required under schedule 2 of the regulations, had been gathered and were available for review.

The provider and person in charge also ensured that the staff team had completed appropriate training to support the residents. The provider could demonstrate that the staff members had completed the assigned activity.

In summary, the inspection found that, the oversight arrangements had improved compared to the previous inspection in the service in 2022. This has led to an enhanced service which was meeting the needs of each resident.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents. Staff members were also receiving supervision in line with the provider's guidelines.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured effective arrangements were in place to support, develop and performance manage the staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that the necessary notifications were submitted when required.

Judgment: Compliant

Quality and safety

As noted above, the previous inspection was completed in 2022. That inspection raised concerns regarding the premises and the infection prevention and control (IPC) practices. The provider had taken steps to address the problems, but the measures were ineffective. For example, there was damage to surfaces in several areas, grouting in bathrooms requiring replacing and enhanced cleaning was required.

This inspection found that there were systems in place to meet the needs of the residents. Assessments of the residents' health and social care needs were conducted. Care plans focused on their needs had been completed. The plans listed how to support each resident and were under regular review. The inspector sought clarity regarding plans to meet the changing mobility needs of the residents. They were provided evidence that the person in charge had raised the issue with senior management. A physiotherapist was scheduled to complete individual reviews with the residents. Furthermore, the provider had identified with the maintenance team that adaptations to the residents' home may be required following the review.

There were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Individual risk assessments were developed that were specific to each resident and outlined how to maintain each resident's safety.

The review of fire safety precautions found that the provider had developed effective fire safety management systems. Regular fire drills had been completed. These demonstrated that residents and those supporting them could safely evacuate.

In conclusion, the inspection found that the person in charge and the staff team were ensuring that the health and social needs of the residents were prioritised and met.

Regulation 13: General welfare and development

Through the review of records and discussions with staff and residents, the inspector was assured that the residents engaged in their preferred activities.

Judgment: Compliant

Regulation 17: Premises

The provider had taken steps to address the issues with the premises for example, new flooring had been laid in the sitting room, and painting was carried out, However, the premises still required updating and refurbishment. For example, bathroom areas continued to require repair and updating and the PIC informed the inspector that deep cleaning had been conducted, but staining remained.

The inspector was shown that funding had been approved for works to be carried out, however, this was the third inspection where issues had been identified with the premises and no date had been set for completion of the required works. This identified that the provider did not have suitable arrangements in place to ensure the residents' home was well maintained and in a good state of repair at all times

Judgment: Not compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the provider and the person in charge had ensured that the staff team had been provided appropriate training regarding IPC practices. Appropriate IPC practices were part of the staff team's daily routine, and the service

was observed to be clean. However, as mentioned above, there was surface damage to a number of areas, including the kitchen countertop, chopping boards and the handles of the utility room presses. The surface damage meant that the staff team could not appropriately clean the areas

Two bathrooms and one shower room also required attention. The grouting needed to be replaced in all areas. The damage again meant that the area could not be appropriately cleaned. One of the bathrooms and the shower room required renovation. As stated above, funding had been approved, but a date for work to begin had yet to be set.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire and provided suitable fire detection, containment and fire fighting equipment in the designated centre. Staff members had also been provided with appropriate training. The provider had also demonstrated that they could safely evacuate residents under day and night scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. Care plans had been devised which tracked their changing needs and gave detailed information on how best to support them.

Residents also had access to appropriate healthcare services to maintain and

improve their health status.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview OSV-0002481

Inspection ID: MON-0031358

Date of inspection: 20/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Funding has been procured for the refurbishment of the bathroom and kitchen area within the Centre which will be completed within the next quarter.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All utensils in the kitchen with surface damage have been replaced to include chopping boards and handles to presses. A new kitchen will be installed within the next quarter. The bathroom areas will be refurbished also to ensure IPC practices can be maintained to a high standard.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	29/09/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	29/09/2023

